

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19469

State File No.

Primary Registration District No. 1003

Registrar's No. 5984

WRITE PLAINLY—USE UNEADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 8 1943 18

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....**St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2584 Montgomery St./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Nellie M. Cavan**

3. (b) If veteran, name war.....**None**
3. (c) Social Security No.....**None**

4. Sex.....**F.**
5. Color or race.....**W.**
6. (a) Single, widowed, married, divorced.....**M.**

6. (b) Name of husband or wife.....**Timothy Cavan**
6. (c) Age of husband or wife if alive.....**65** years

7. Birth date of deceased.....**Aug. 5th., 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 23 hr. min.

9. Birthplace.....**St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation.....**Housewife**

11. Industry or business.....

12. Name.....**Edward O'Brien**
13. Birthplace.....**Ireland 4**
(City, town, or county) (State or foreign country)
14. Maiden name.....**Catherine Maher**
15. Birthplace.....**Ohio 1**
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mr. Timothy Cavan**
(b) Address.....**2584 Montgomery St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof.....**7-1-43**
(Month) (Day) (Year)

(c) Place: burial or cremation.....**Calvary**

18. (a) Signature of funeral director.....**Arthur J. Donnelly**
(b) Address.....**3840 Lindell Blvd.**

19. (a) **JUN 20 1943** (b) **J. F. Budeck**
(Date received final report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Mo.** (b) County.....**12**
(c) City or town.....**St. Louis 9 0**
(If outside city or town limits, write "RURAL")
(d) Street No.....**2584 Montgomery St. 7**
(If rural, give location)
(e) Citizen of foreign country?.....**0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**June** day.....**28th.**
year.....**1943** hour.....**3** minute.....**05** P. M.

21. I hereby certify that I attended the deceased from.....**May 4** to.....**June 28** 19..**43**
that I last saw him alive on.....**June 28** 19..**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Carcinoma colon.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....**none**

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....**2w**
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature.....**A. J. Sewing** (M. D. or other).....**210**
Address.....**2242 Ashmun St.** Date signed.....**6/29/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.